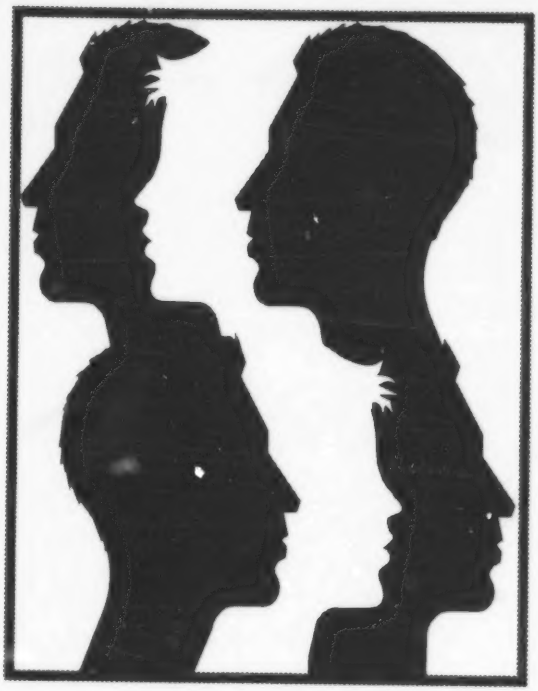
Health and Welfare Canada
Santé et Bien-être social Canada



Creative Development Research on:

Health Promotion and AIDS Prevention

Canada

Ce document est disponible en francais

TABLE OF CONTENTS

Preface 1
List of Figures 2

HIGHLIGHTS 4

INTRODUCTION 6

- Methodology and Sample Design 7
- Interviewing 9

1) THE SINGLE ADULT GROUP (18-34) 10

1.1 Safer Sex Behaviour 10

1.2 Knowledge About AIDS 15

1.3 Information Requirements 17

1.4 Importance and Relevance of AIDS 17

1.5 Attitudes Toward Safer Sex 19

1.6 Communication Needs 23

- Effectiveness of current advertising 23
- Summary of adult findings 23
- Tailoring effective communication 24

2) THE ADOLESCENT GROUP (15-17) 25

2.1 Sexual Behaviour and Safer Sex 25

2.2 Importance and Relevance of AIDS 28

2.3 Knowledge about AIDS 30

2.4 Attitudes Toward Safer Sex 31

2.5 Communication with Parents 34

92-02617/

2.6 Communication Needs 36

- Summary of adolescent findings 36
- Tailoring effective communication 36

3) THE PARENT GROUP 37

3.1 Importance of AIDS to Teenagers 37

3.2 Concern about Child Getting AIDS 37

3.3 Knowledge of Sexual Behaviour 38

3.4 Adolescents' Safer Sex Behaviour 39

3.5 Communication with Child 40

3.6 Information and Resources 42

3.7 Parenting and AIDS 43

3.8 AIDS Education Should Begin in Schools 45

3.9 Communication Needs 46

- Summary of parent findings 46
- Tailoring effective communications 46

PREFACE

In late 1989, the Health Promotion Directorate, Health and Welfare Canada initiated a national study of Canadians' attitudes toward AIDS and safer sex behaviour. The findings of this undertaking were to be used in establishing a federal communications strategy in AIDS prevention, to establish benchmarks for Canadians; attitudes, knowledge, and beliefs surrounding AIDS, and to create a Social Marketing and Communication Program. To accomplish these tasks, the research built on previous work, particularly the "Canada Youth and AIDS study" and "AIDS in Canada".

The research was conducted by two independent research firms. Thompson Lightstone and Company conducted creative development research on "Living With AIDS". A summary of that report is available under another cover.

Tandemar Research conducted creative development research on "Health Promotion and AIDS Prevention". The present report summarizes the research findings and conclusions.

While the research objectives are specifically geared to a social marketing program, the findings will be of interest and benefit to people working to increase compassion and tolerance for People Living With AIDS.

LIST OF FIGURES

Adults and Students

1. Number and gender of sexual partners 10
2. Number and gender of sexual partners by gender 10
3. Number and gender of sexual partners by student status 11
4. Whether use condoms during intercourse 11
5. Usage of condoms during intercourse by gender 13
6. Usage of condoms during intercourse by student status 14
7. Usage of condoms during intercourse by relationship type 14
8. Whether think in advance to ensure condom use 15
9. Knowledge about AIDS and HIV transmission by gender 16
10. Level of interest in information about AIDS 17
11. Serious issues facing Canadians today 17
12. Whether worry about AIDS 18
13. Whether have experienced problems using condoms 18
14. Condom usage by relationship status and attitude 22

Adolescents

15. Sexual experiences in past year by gender 25

16. Number of sexual partners ever by gender 25

17. Whether use condoms during intercourse 26

18. Usage of condoms during intercourse by gender 26

19. Usage of condoms during intercourse by language 27

20. Serious issues facing teenagers today 29

21. Whether worry about AIDS 29

22. Knowledge about AIDS and HIV transmission by gender 30

23. Knowledge about AIDS and HIV transmission by condom usage 31

24. Whether discussed (issue) with parents in past year 34

25. With whom discussed AIDS in the past 12 months 34

26. With whom would like to talk more about AIDS issues 35

Parents

27. Parental knowledge of whether child has had sexual intercourse 38

28. Age approve of child having sexual intercourse 39

29. Whether feel have influenced teen to sexual responsibility 41

HIGHLIGHTS

Both young single adults and adolescents are sexually active. Only one third of single adults and fewer than half of the 15-17 year old group use condoms regularly during sexual intercourse. Both groups are clearly engaged in sexual behaviours that increase the risk of HIV infection.

As with any social issue, the promotion of safer sex among the mainstream heterosexual population involves many possible approaches. The results of the present research allow for some comment on these approaches and their potential effectiveness.

For certain groups, promoting abstinence is the moral response to the AIDS epidemic. The majority of adolescents and young adults do not consider this a realistic option, and there is no indication that messages about abstinence would be effective.

Education in the form of increasing knowledge levels about AIDS does not offer the greatest opportunity for increasing safer sex practises. Young adults and adolescents demonstrate reasonably good levels of knowledge about AIDS transmission and prevention. Furthermore, *knowledge about AIDS does not affect condom usage. People who are more knowledgeable about AIDS issues are not more likely to engage in safer sex.*

However, education in the form of skills training remains an important issue. Clearly, there is a minority requiring training in safer sex practises including the social skills needed for condom use (*e.g.*, communication with partners).

The results indicate that the most effective way of achieving widespread behavioural change is likely to be accomplished through programs emphasizing the personal relevance of AIDS prevention. The findings clearly indicate that people who feel personally at risk from HIV infection are more likely to practise safer sex.

Overall, the results clearly point to the need for change in the AIDS prevention field. Current efforts focussing on educational messages need to evolve into social marketing campaigns that are more motivational in nature.

Adult Summary

Young single adults are sexually active with half the respondents having had two or more sexual partners in the past year. Only one third of single adults use condoms regularly.

The proportion of single adults who put themselves at risk through unsafe sex may be even higher, since the data suggest that a person who is practising safer sex one year may not be doing so the next. There is a tendency for people to abandon using condoms when a relationship becomes "steady". Consequently a person may use condoms for a number of years, cease to do so, and then commence using them again.

The study examined barriers to safer sex and how these might be overcome. Key barriers appeared to be communication, especially with new partners, loss of sexual feelings/freedom, and lack of planning ahead.

While most respondents agree that these are difficult issues, some individuals were more likely to practise safer sex than others. Those who were more committed to safer sex were not more knowledgeable or articulate. Instead what distinguished these more "careful" respondents was their high degree of concern about HIV infection.

This "careful" group considered AIDS to be a serious problem; they worry about AIDS; they would contemplate an AIDS test. This finding has important implications. It suggests that messages designed to make AIDS more relevant and meaningful to a wider audience should provide a good opportunity for promoting behavioural change. In short, a key challenge is to combat the prevailing "it can't happen to me" attitude.

Some individuals appear particularly unlikely to practise safer sex. This group finds safer sex practises difficult. They are uncomfortable about condoms, find planning ahead for safer sex difficult, and feel awkward discussing safer sex with new partners. Programs designed to build safer sex skills should be targeted toward this group.

Adolescent Summary

The 15-17 year old group is sexually active, with two-thirds having sexual intercourse in the past year. The results indicate that fewer than half regularly use condoms.

The adolescents who had not had sexual intercourse tended to be younger, and the majority of this group had experienced petting below the waist. The findings do not support the promotion of abstinence as a realistic option.

The study identified several barriers to safer sex experienced by adolescents. Key barriers appear to be:

- lack of concern about AIDS;
- lack of planning ahead;
- communication problems, especially with new partners;
- loss of sexual feelings/freedom;
- intentions vs. behaviour (situational factors); and
- confusion about birth control.

Some of these barriers are easier to address than others. One issue that can be addressed relatively easily is the confusion that some adolescents show about the pill protecting them from AIDS. Further education in this area is required.

Other barriers may be harder to overcome. For example, helping teens to talk about safer sex with new partners is clearly desirable, but may be hard for them to accomplish. (Adults also find negotiations about safer sex with new partners very difficult.) In addition, many teens display a large gap between intentions and behaviour. They agree with the idea of safer sex, but fail to act on it (possibly because they forget or are at parties and get carried away). Parents agree that teens find it hard to "be careful", and are very prone to situational influences.

One encouraging note is that the biggest single barrier to safer sex among adolescents is the relative lack of concern about AIDS. This is an issue social marketing and educational programs can address. Teenagers report worrying a little about AIDS but are more concerned with other issues, of which there are many. They worry about drug abuse, teen pregnancy, alcohol-related problems, and their sexuality in general, more than AIDS.

Programs designed to increase safer sex behaviours amongst adolescents should recognize the large number of concerns faced by adolescents. Rather than promoting a single-issue approach, which could leave adolescents feeling that there are too many problems "out there", safer sex messages should be designed to promote responsible sexual behaviours generally, helping teenagers to realize where AIDS prevention fits in with their wider concerns.

Parent Summary

The findings demonstrate an opportunity to promote safer sex to adolescents via their parents; parents indicate a desire to do so, and more importantly, adolescents indicate a desire to discuss AIDS prevention with their parents. Current levels of discussion are quite low.

Several barriers exist to parents fulfilling this role. Parents generally under-estimate the sexual development and sexual activity of their children. They over-estimate their teenagers knowledge of AIDS issues. Most find it difficult to talk about AIDS to teens. Many feel they lack the facts, and many feel they lack experience in talking about such matters.

Messages designed to promote communication about safer sex between parents and teens can address the common misconceptions that parents have about teens' sexuality/knowledge. Materials directed at parents can help them to establish the relative importance of AIDS as an adolescent concern. Parents need reassurance and encouragement to talk about AIDS prevention. Messages should remind parents that they play an important role in protecting their children against AIDS.

INTRODUCTION

In 1987, the Federal Centre for AIDS, in conjunction with the National Health Research and Development Program, sponsored a major "Canada Youth and AIDS" study. The study was conducted by the Social Program Evaluations Group of Queen's University. It focussed on the knowledge, attitudes and behaviour of Canadian young people (aged 11 to 21) with regards to AIDS and STDs.

In 1988, the Federal Centre for AIDS sponsored a major "AIDS in Canada" study. Conducted by York University, this study was based on a large representative sample of Canadian adults. It focussed on knowledge about AIDS and how it is communicated; behaviour involving risk of HIV infection; and public policy for dealing with AIDS.

In 1989, further research was initiated among the mainstream, heterosexual population. This was intended to help determine the optimal positioning statement and communications strategy for the federal government on the AIDS issue; to establish benchmarks of Canadians' attitudes, knowledge and beliefs on AIDS issues; and to create a Social Marketing and Communications Program with the greatest motivational appeal. In contrast to the "AIDS in Canada" survey, this research focussed on *attitudes* towards safer sex and AIDS, and reasons for adopting or not adopting safer sex practises.

The research among the heterosexual population covered several target groups: single adults 18-34 years of age; students; youth 15-17 years of age; and parents. Separate reports are available which deal with parents, adolescents, community workers, and students and young adults.

The specific research objectives were as follows:

- to understand better the attitudes and beliefs about safer sex and the transmission of HIV;
- to define current barriers to practising safer sex and how they might be overcome; and
- to explore messages, language, tone and medium appropriate for communication.

METHODOLOGY AND SAMPLE DESIGN

Groups Studied

The research was defined to represent the following groups:

- adolescents, 15-17 years of age.
- parents, with one or more 13-17 year old adolescent living at home.
- Single adults, not married/living with someone, 18-34 years of age. Initially it was felt that lifestyle differences between adult students and non-students could influence attitudes toward sexual practises and AIDS. An additional sample of adult students was added to allow comparison between these two groups.

Sample Representation

The sample was drawn from major metropolitan areas in Canada. The sample drew from Ontario and the Maritimes (1/3), Quebec (1/3) and Western Canada (1/3) for each of the studies. The design permitted comparison between French Canadians within Quebec and English Canadians outside Quebec, but does not, given the relatively small sample size, permit region by region analysis.

SAMPLE PROFILE

	Total adults %	Total adolescent %	Total parents %
Profile of Respondents			
By City of Interviewing			
Halifax	15	16	15
Montreal	18	18	19
Quebec	18	18	19
Toronto	8	9	8
London	9	8	8
Regina	16	15	15
By Gender of Respondent			
Males	49	50	49
Females	51	50	50
By Age of Respondent (or child)			
13			15
14			19
15		39	20
16		24	22
17		36	25
18-22	46		
23-28	33		
29-34	21		
By Occupation of Head of Household			
White-Collar	19	35	36
Blue-Collar	46	65	64
Student	35	n/a	n/a
Base: Total Interviews	(561)	(401)	(405)

List of Topics Covered

	Adults	Adolescents	Parents
Important issues facing Canadians	✓	✓	✓
Opinion of safer sex and general sexual/AIDS-related issues	✓	✓	✓
Discussion of AIDS with parents/partners		✓	
Discussion of AIDS/sex with teens			✓
Sexual behaviour and practises	✓	✓	
Sexual behaviour of teen and teens generally			✓
Opinions relating to condom use	✓	✓	
General attitudinal descriptions of self	✓	✓	
Information levels and sources regarding AIDS	✓	✓	✓
Knowledge of teen's sexual behaviour			✓
Demographics	✓	✓	✓

INTERVIEWING

Adolescents and single adults were recruited in the common areas of shopping malls. Shopping malls offered the advantages of a combined self-completed and interviewer-completed questionnaire format away from home and school. It was hoped that this more "neutral" environment would enable the respondents to be honest and forthright. The potential disadvantage of this method is that the resulting sample may not be entirely representative of the groups under study. This problem was addressed by selecting respondents to be representative of the population based on gender, age, visible minority status, and occupation of head of household. The main interview was conducted privately by self-completion. The topics which were covered are listed on the previous page.

Parents were selected if they had one or more 13-17 year old adolescent living in the household. Parents were further selected by gender (50%, 50%) and occupation of head of household. Parent recruitment was accomplished through random telephone interviewing.

Developing the Questionnaire

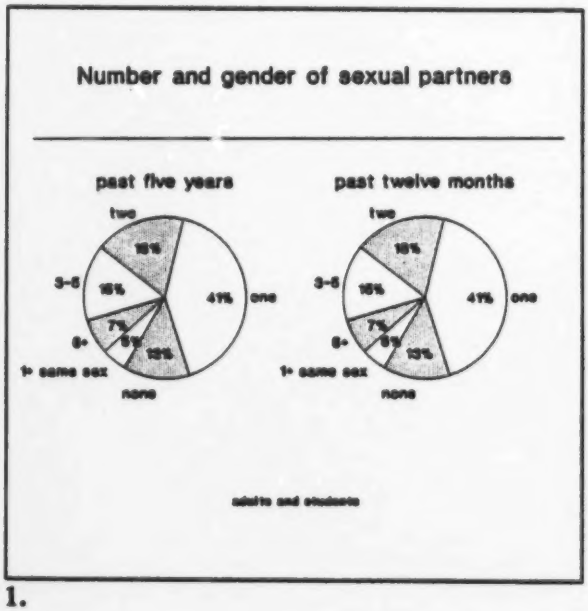
In November 1989, a series of eight group discussions were held across Canada with parents, a further eight group discussions with single adults, and twenty-five paired in-depth interviews with adolescents. The purpose of these preliminary discussions was to identify key issues and relevant terminology surrounding sexual issues and safer sex. This information was then used in the questionnaire design.

Once the various questionnaires had been prepared, they were tested, in English and French, with the appropriate individuals. This was done to ensure they could be easily understood and used an appropriate level of English/French.

1. THE SINGLE ADULT GROUP (18-34)

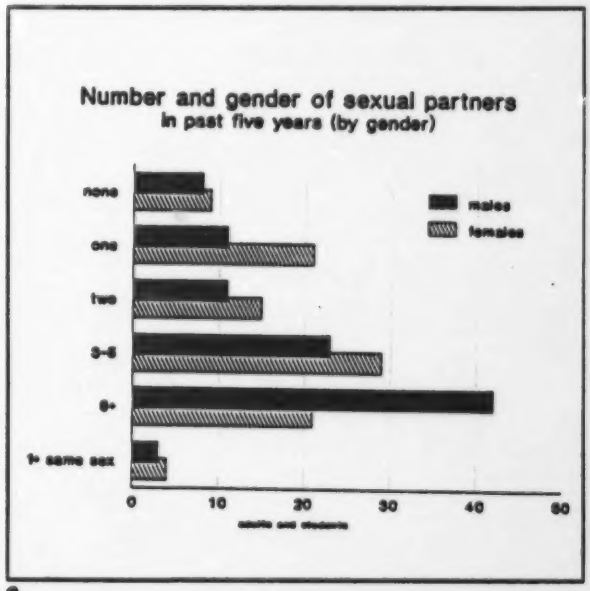
1.1 SAFER SEX BEHAVIOUR

Safer sex behaviour includes (but is not limited to) abstinence, non-penetrative sexual activity, and condom-protected intercourse. Figure 1 shows the number and gender of sexual partners for the single adults surveyed, for the past 5 years and the past 12 months. Only 13% of people surveyed had not had a partner in the past year. Just under half (46%) had two or more partners in the past year, and 77% had two or more partners in the past five years. Four percent reported having one or more partners of the same sex in the past five years.



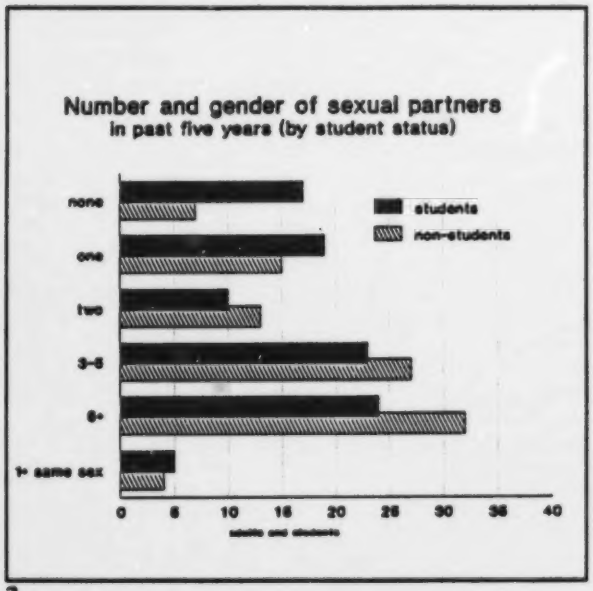
1.

When males and females are compared for the number of sexual partners in the past five years (Figure 2) there is no difference in the incidence of having any sexual partners. The majority of males (92%) and females (91%) had at least one sexual partner. There is considerable difference in the number of partners males and females report. Logically, the number of heterosexual partners males and females report should be equal within sampling error. However, such differences are frequently found in social surveys, and may be the result of exaggeration by men, under-representation by women or both. The extent to which the numbers reflect these factors is unknown.



2.

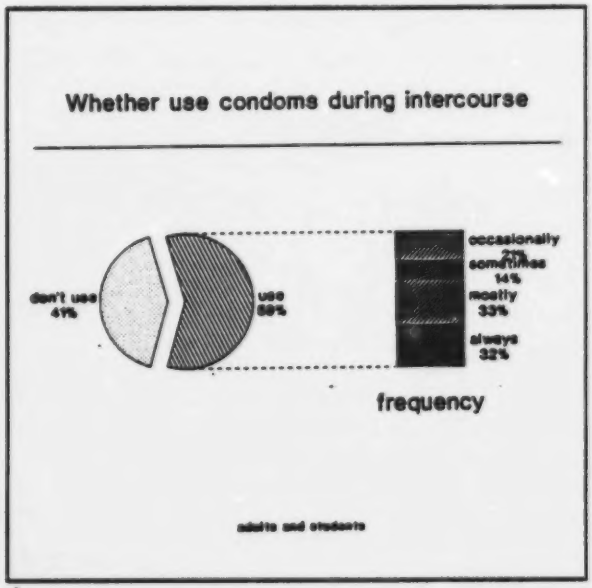
Fewer students than non-students had a sexual partner in the past five years (Figure 3). This seems directly related to age since the majority of students (82%) were 18-22 years old. On average, this age group had a lower incidence of having a sexual partner (85%) compared to the 23-28 year old group (96%) and the 29-34 year old group (92%).



3.

Condom Usage

The previous section showed that single adults are sexually active, with three-quarters having had two or more sexual partners in the past five years. Given this, it is important to determine the level of condom usage among this group to determine levels of safer sex behaviour. Figure 4 shows that 41% of the single adults surveyed do not use condoms. Only one third (32%) of those reporting condom use during intercourse always use condoms.



4.

Unprotected intercourse with multiple partners increases the likelihood of HIV infection. The level of protected intercourse among people reporting this higher-risk behaviour is therefore important.

Among highly sexually active respondents, frequent usage of condoms is not high. The following table shows that of those who had three or more partners in the past year, 58% do not use condoms regularly.

	Respondents who had ... in the past 12 months		
	One sexual partner %	Two sexual partners %	Three or more sexual partners %
Usage of condoms during sexual intercourse			
Use condoms			
always	44	20	
mostly	35	13	41
sometimes/ occasionally	12	7	26
Do not use condoms	52	60	32

Reasons for Using or Not Using Condoms

People use condoms to protect themselves against both pregnancy and STDs. When condom users were asked why they use condoms, one third (32%) spontaneously gave reasons related to birth control. When prompted for their main reason for using condoms, over half (58%) of condom users referred to protection from both STDs and pregnancy as the following table shows:

	Respondents who use condoms	
	Always %	Mostly %
Main reason for using condoms (prompted)		
Protection from STDs	13	13
Protection from pregnancy	26	29
Protection from both pregnancy and STDs	58	58

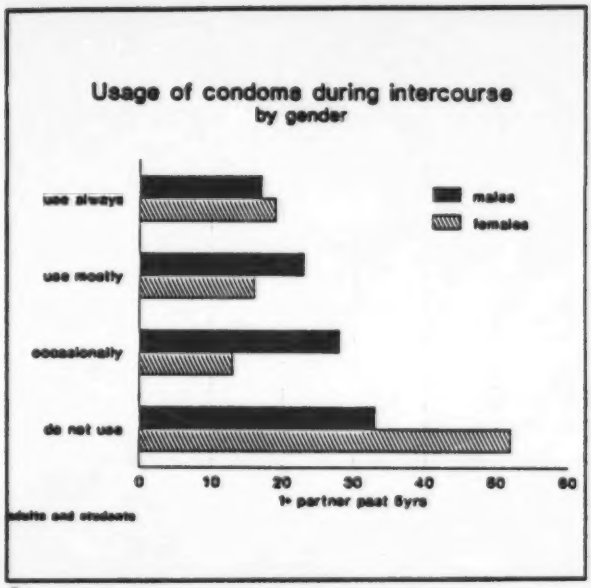
The main reason given for not using condoms (among people who do not) is related to a steady relationship and knowing one's partner. Situation-related reasons, or reasons of comfort/enjoyment, were secondary. About one in five (17% of non-users) said they used another birth control method.

	Use condoms	
Why do you not use condoms	Occasionally %	Never %
Reference to:		
Steady relationship/ know partner	36	42
Situation-related reasons	15	3
Comfort/ enjoyment	9	11
Use other birth control	19	16
No answer	11	19

Planning Ahead

People were asked to imagine that they were at a party with someone they really liked, and who they felt wanted to have sex with them that night. They were asked to imagine that they felt the same, but wanted to ensure a condom was used. Do they deal with the issue if and when it arises or do they think in advance to ensure condom use?

Only one third (38%) said that they think in advance to ensure that a condom is used. When those who made plans were asked what kind of plan they make, half (48%) said they supply the condoms, 26% were prepared to discuss the issue directly and 21% plan to refuse to have sex if a partner will not use a condom.



5.

Condom Usage by Subgroups

i) Gender

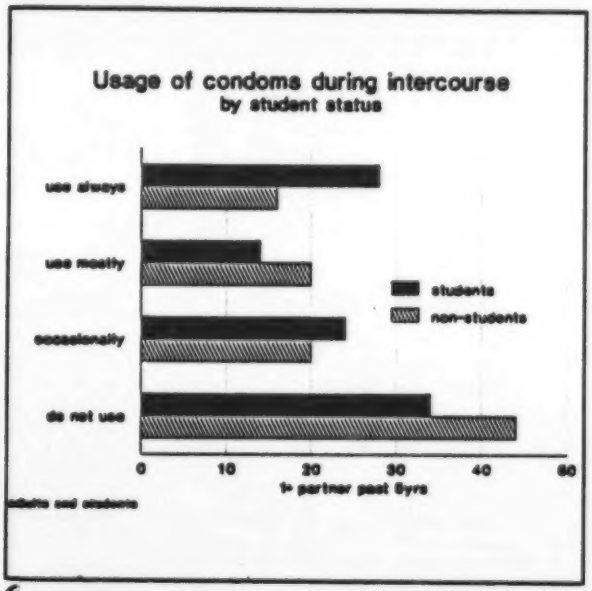
Responses about condom usage were examined for different subgroups. When condom usage levels were examined according to gender, it was found that while both females and males claim condoms are used regularly, females are much less likely to claim condoms are used occasionally (13%) than are males (28%) (see Figure 5). We believe that this discrepancy indicates that some males who do not use condoms are saying that they do some of the time. It is quite common in research to find over-claiming in the direction of "socially correct" answers. It is difficult to see why female respondents would want to underreport the extent of condom usage.

When we asked people why they use condoms, females were more likely to cite birth control (42%) than were males (28%). One third (32%) of males and females said that they used condoms for AIDS and other STD protection.

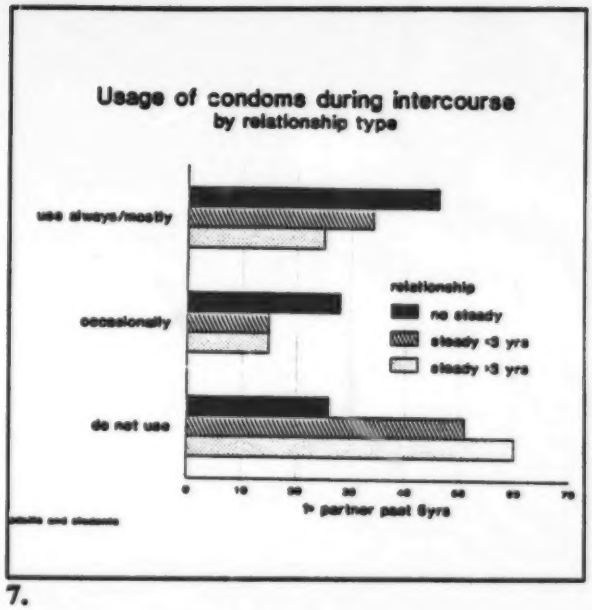
ii) Student Status

Students are a little more likely to practise safer sex than non-students,with fewer students claiming to never use condoms (34%) then non-students (44%). Students were also more likely to say that they plan ahead for condom usage, with almost half (48%) saying that they think in advance to make sure condoms are used.

Greater sexual responsibility among students is probably a function of age. Condom usage by students is similar to younger non-students [students using condoms always/mostly (42%) *vs.* non-students 18-22 years (44%)].



6.

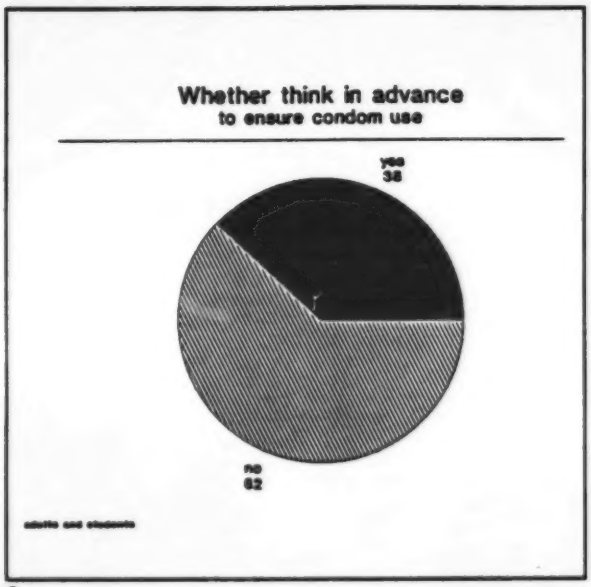


7.

Related to this, the main reasons for using condoms among those in a steady relationship for 3 years or more are related to birth control more than protection from STDs. Those who are not in a steady relationship or are in a steady relationship for less than 3 years use condoms for *both* STDs (including AIDS) and birth control.

iii) Relationship Status

People in long-term relationships are less likely to use condoms than people with no steady relationship. While half (46%) of those with no steady relationship use condoms regularly, only one third (34%) of those in a steady relationship for less than three years, and a quarter (25%) of those in a steady relationship for more than three years use condoms regularly. It seems likely that some people in a long-term relationship have switched to other forms of birth control.



8.

Items	Respondents answering correctly %
Can an infected person pass it on to someone else if the infected person has no signs of the illness	84
Can condoms protect you from AIDS	76
Can a person become infected by sharing a cigarette or glass with an infected carrier	65
Can AIDS be cured if treated early	63
Can a person become infected by donating blood	47

The consequences of this finding are important. A person who is practising safer sex one year may not be doing so in the next year if the relationship status of that person has changed. Thus, situational factors, as well as individual differences, are a determinant of safer versus riskier behaviour.

1.2 KNOWLEDGE ABOUT AIDS

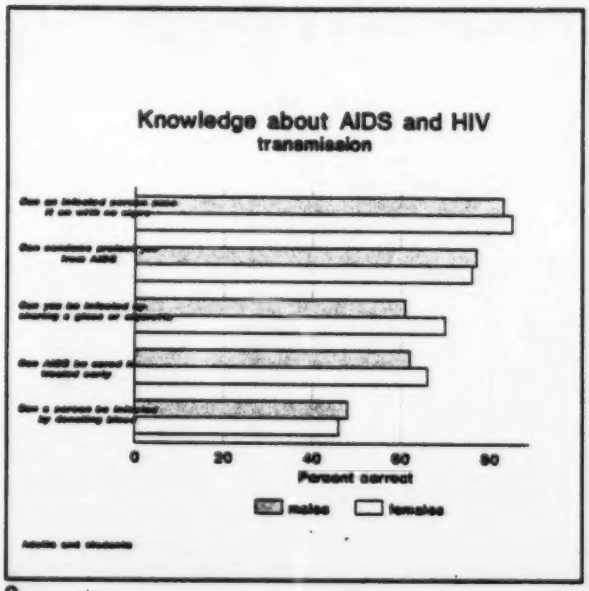
There are two types of knowledge about AIDS. The first concerns prevention, that is, do people have the information necessary to prevent transmission of the disease. Single adults have a reasonably good level of prevention knowledge.

The second type of knowledge concerns ways in which AIDS is *not* transmitted, whether there is a cure for AIDS, and the experiences of People Living With AIDS (PLWA's). Knowledge of this type was lower, particularly concerning the perceived risk in donating blood (47% correct responses).

People probably know more than they realize. When asked how informed they feel about AIDS, half (50%) said that they probably do not know enough. This may reflect uncertainty about the disease in light of changing perceptions and increased understanding of it.

Knowledge by Gender

Knowledge about AIDS and HIV transmission was about the same for males and females. Figure 9 shows the percentage of respondents who answered the knowledge questions correctly.



9.

Knowledge and Practise

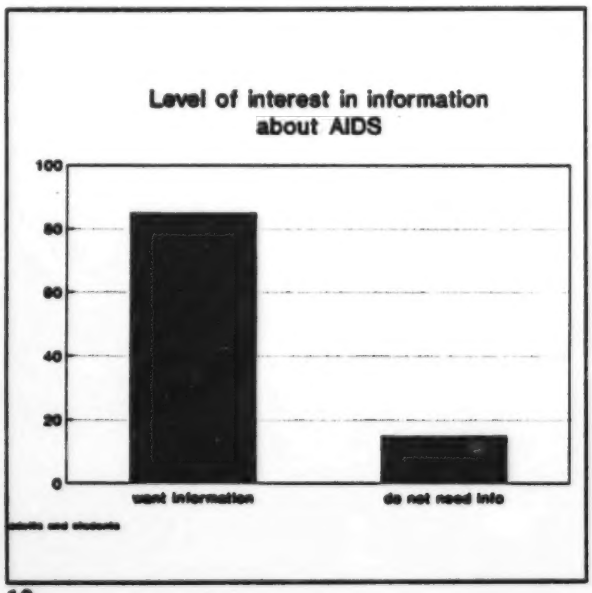
Intuitively, one would expect that being informed about AIDS would relate to safer sex behaviour. Table 5 below shows that this is not the case. Non-condom users and regular condom users display equal levels of knowledge about AIDS. Knowledge of AIDS does not by itself decrease the incidence of having unprotected sex. Attitudinal factors of motivation and relevancy may act as intervening variables in the relationship between knowledge of AIDS issues and safer sex.

	Use condoms			
	Always	Mostly	Some times	Never
	%	%	%	%
Statements to ascertain actual level of knowledge				
Can an infected person pass it on to someone else if the infected person shows no sign of the illness	87	87	81	85
Can condoms protect you from AIDS	78	79	78	74
Can a person become infected by sharing a cigarette or glass with an infected carrier	67	73	51	67
Can AIDS be cured if treated early	71	74	64	58
Can a person become infected by donating blood	53	45	49	43
Base: All sexually active (479)	(101)	(91)	(105)	(182)

Overall, it does not seem that further knowledge, by itself, will motivate people to adopt safer sex practises.

1.3 INFORMATION REQUIREMENTS

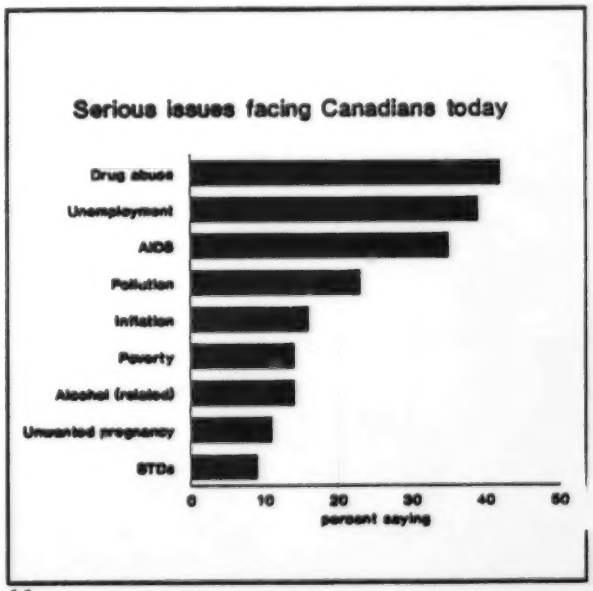
While knowledge about AIDS is reasonably good, there is a high level of interest in receiving more information, as seen in Figure 10. The desire for more information is widespread and cuts across most of the subgroups examined, with 85% feeling they would benefit from it. People from white-collar households were a little less likely (75%) to want more information than people from blue-collar households (87%).



10.

1.4 IMPORTANCE AND RELEVANCE OF AIDS

Single adults are concerned about AIDS. When asked which in a series of issues were the most serious facing Canadians today, AIDS was ranked in the top three, above pollution, inflation, poverty and alcohol-related problems as shown in Figure 11.

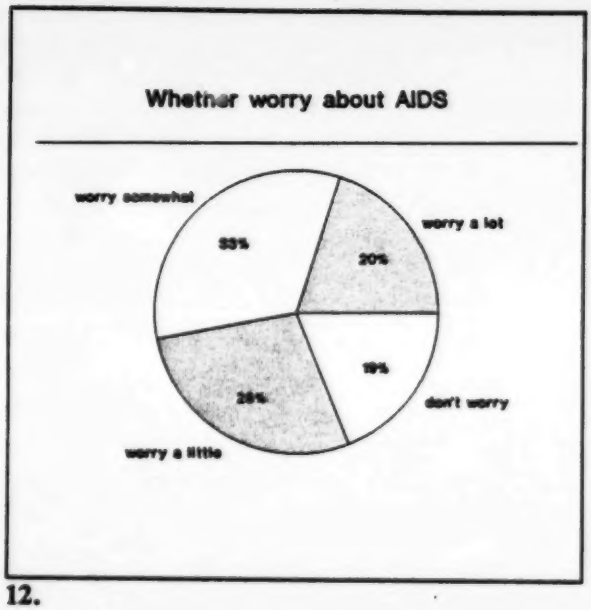


11.

This concern was again reflected in people's answers to a question about how much they worry about AIDS. Eighty-one percent of the single adults said they worry at least a little, and half (53%) worry somewhat or a lot (Figure 12).

Personal Relevance of AIDS

The above findings show that people recognize AIDS to be a serious social issue, but to what extent do they see it as personally relevant? Without personal identification with the risks of HIV infection,

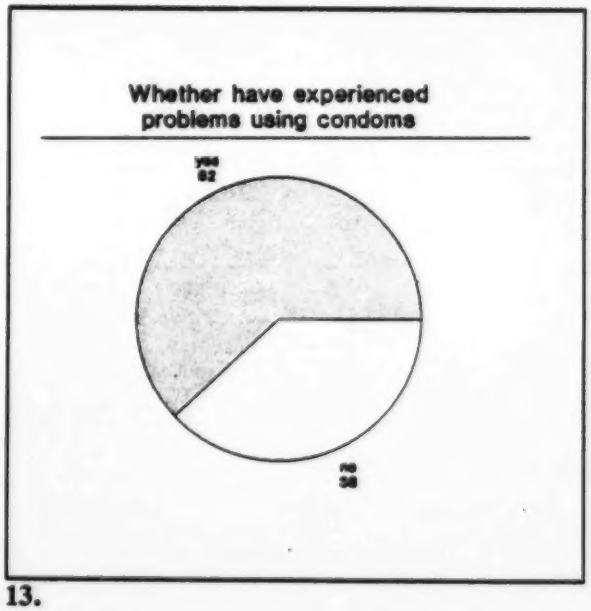


12.

concern about AIDS remains at an abstract level, and is unlikely to affect behavioral change. The table below shows that only a minority of people feel personally threatened or at risk from AIDS.

	Respondents agreeing with statement %
I feel good about my sex life	82
I am careful about the risk of AIDS	61
For me, the actual chance of getting AIDS is low	68
AIDS is more likely to affect others	63

Respondents were also asked to rate themselves for being sexually responsible. More than two thirds (69%) considered themselves to be extremely/very sexually responsible. On average, people gave themselves a score of five out of a possible six for being sexually responsible.



13.

One encouraging note is that only one fifth (22%) agreed that "only gays and drug users are at high risk of getting AIDS". This suggests that single adults do not see AIDS as a problem affecting only minority groups, *i.e.*, it can affect heterosexuals, though they do not feel personally at risk.

Personal Relevance of AIDS by Condom Usage

People who are more concerned about AIDS are more likely to practise safer sex by always/mostly using a condom during sexual intercourse as shown below.

	Respondents who use condoms			
	Always	Mostly	Occas-ionally	Never
	%	%	%	%
Concern about AIDS				
I consider that AIDS is a serious problem facing Canadians	38	38	36	33
I worry a lot/somewhat about AIDS	64	69	46	47
I agree that I should learn more about AIDS	81	91	71	78

People express concerns in different ways. Many young adults express concern about AIDS as a social issue. But it is those **people expressing personal concerns, who identify with the possibility of HIV infection, that are more likely to practise safer sex.**

1.5 ATTITUDES TOWARD SAFER SEX

Meaning of Safer Sex

Single adults were asked what safer sex meant to them. Half of the respondents referred to condom usage or protected sex, but also to careful partner selection and sexually responsible behaviour generally.

	Total respondents
	%
References to ...	
protection/condom usage	50
sexual responsibility	35
fewer partners	27
partner selection	26
birth control	20
abstinence	6
Don't know	2
	(561)

It is important to note that people do not see safer sex as just protected sex/condom usage. Half of the respondents referred to either having fewer partners, or being more selective about partners. One third (35%) referred to a range of sexually responsible behaviours including: being prudent/vigilant; watching out for STDs; taking precautions. Thus, single adults are placing AIDS prevention within the context of careful partner selection and sexually responsible behaviours generally. It is not thought of as a separate issue.

Attitudes toward Condom Usage

Respondents were asked to rate a series of statements about safer sex and AIDS on a six-point scale, where six means agree completely and one means disagree completely.

It is encouraging to find that three quarters (74%) of respondents agreed that, "using condoms is no big deal" and over half (58%) agreed that, "condoms ought to be just a regular part of lovemaking." Under 10% strongly feel that using a condom implies you do not trust your partner, or feel that they could never insist that a condom be used.

Some find it hard to suggest to a new partner that a condom should be used (41% agree). New partners can present several difficulties to the would-be condom user. When asked specifically about new partners, nearly two thirds stated that they sometimes did not use a condom with a new partner. About half gave physical reasons for this (loss of sexual feelings/ freedom), and about half gave social reasons (awkwardness of using condoms/embarrassment/ difficulty of using condoms).

	Total respondents %
Do not have any problems using condoms	***38***
Have experienced problems using condoms	***62***
Loss of sexual feelings	26
Loss of sexual freedom	13
Awkwardness of using a condom in the heat of the moment	21
The hassle or embarrassment of buying or getting condoms	10
Embarrassment of asking a partner to use a condom	10
Condoms may break during intercourse	9
Difficulty of using and putting on a condom	7

Attitudes Toward Safer Sex and Sexual Responsibility by Gender of Respondent

The males' attitudes towards condom usage were more negative than the females' attitudes, particularly on issues relating to the effect of condoms on sexual feelings. More females (64%) agree that condoms ought to be a regular part of lovemaking than males (51%). Also, males are more likely to agree that it is difficult to be natural when practising safer sex than are females.

Furthermore, when asked why they would not use condoms with new partners, more males gave reasons relating to sexual feelings (see table).

	Respondents by gender	
	Males %	Females %
Reasons which prevent one from using condoms with a new partner		
Loss of sexual feelings	35	18
Loss of sexual freedom	16	10
Awkwardness of using condoms in the heat of the moment	24	18
Embarrassment of getting/buying condoms	12	8
Embarrassment of asking a partner to use condoms	7	14
Difficulty of using condoms	8	6

Communication

More Communication with Sexual Partners	
I want to know about a new partner's history	79
Asking a new partner about sexual history is awkward	65
It is much easier to talk about sexual issues after you have known partner for some time	82
I would like to know how to talk about and initiate safer sex with a new partner	76
Base: Total sample	(561)

Difficulties with new partners relate to two communication issues. Firstly, people want to know about their new partner's sexual history, but find it an awkward subject. Secondly, people are uncomfortable discussing safer sex with a new partner, finding such discussions easier once they have known the partner for some time. Currently, it seems that unsafe sex with new partners is due in part to these barriers of communication. Communication issues, however, cannot be taken in isolation. An individual's judgement about safer sex will be balanced between his/her commitment to safer sex and such factors as perceived awkwardness of discussing safer sex with a new partner. A stronger commitment to safer sex and heightened personal identification with potential HIV infection would weigh that judgement toward safer sex practise.

Safer Sex Practises by Attitude Group

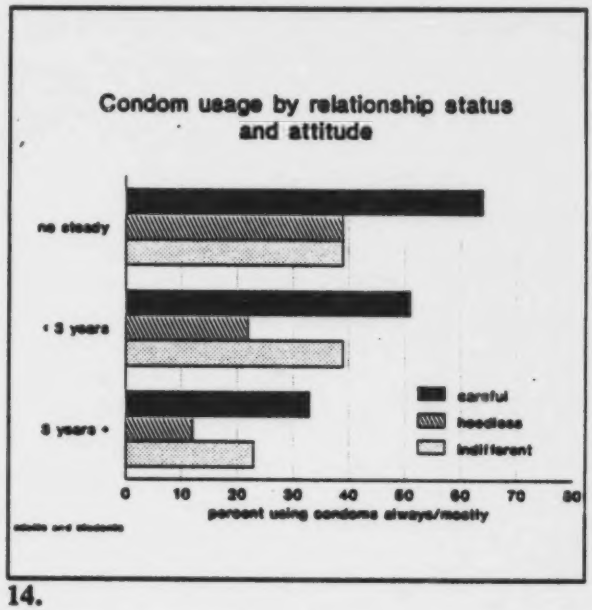
Within the range of questions posed to the single adults was a series of 43 statements with which respondents agreed or disagreed using a six-point scale. The statements measured attitudes about communication, concern about AIDS, condom use, *etc.*. Responses to these statements were considered relative to the self-ratings of sexual responsibility, knowledge and care taken to avoid AIDS. Twenty-two of the 43 statements showed statistically significant differences on one or more of these three criteria. Multivariate analysis allowed for the grouping of respondents based on the similarity of their responses to the 22 statements. A division into three groups was determined to be most suitable for subsequent analysis.

The practical result of this statistical process is the identification of three groups that are distinguished by differing attitudes toward safer sex. These three groups were labelled *Careful*, *Heedless*, and *Indifferent* by the researchers because these labels were seen to identify the key response of each group to the AIDS issue.

The three attitude groups differ not only on their attitudes toward safer sex, but also in their sexual behaviour. That is, **a person's attitudes are an important determinant of safer sex practise.**

The *Careful* respondents were significantly more likely to report using condoms always/mostly during sexual intercourse (48%) than the *Heedless* (27%) or *Indifferent* (36%) respondents.

Section 1 indicated that condom usage depends partly on the respondents relationship status. *In fact, both a person's relationship status and his/her attitudes are important determinants of safer sex practise.* This is illustrated in the chart below. People in long-term relationships are less likely than people with no steady partner to use condoms. However *within* a given relationship status (no steady partner/partner for less than 3 years/partner for 3 years or more), a person's attitudes are critical.



14.

Careful respondents are not more knowledgeable about AIDS. Instead, *what distinguishes them is their high degree of concern about AIDS*: they consider AIDS to be a serious problem; they worry a lot about AIDS; they would contemplate taking an AIDS test.

The *Indifferent* group was next most likely to use condoms during sexual intercourse. While knowledgeable about AIDS, *they are distinguished by their lack of concern about it.* They are least likely to think they would benefit from more

information about AIDS, and are much less likely than *Careful* respondents to talk about it with a partner. This group appears to consider that the best solution to the AIDS crisis is to have a stable relationship (preferably marriage).

Based on number of partners, *Heedless* respondents appear to be more at risk than those who are *Careful* or *Indifferent*. The *Heedless* were the most sexually active, reporting an average of eight (7.5) partners in the past five years. In contrast, the *Careful* and the *Indifferent* claimed to have had an average of five partners in the past five years:

	Respondents by attitudinal groups		
	Careful %	Heedless %	Indifferent %
Usage of condoms when have sexual Intercourse			
Use condoms always/mostly	48	27	36
Use condoms sometimes/occasionally	15	26	19
Do not use condoms	37	47	45
Average number of partners in past 5 years	4.7	7.5	5.1
Base: Total sample	(199)	(208)	(154)

The *Heedless* group are most at risk. They report having an above-average number of sexual partners, yet only a quarter regularly use condoms. Only a quarter had talked about AIDS with a sexual partner in the past twelve months. *The Heedless are less knowledgeable about AIDS, achieving below-average scores on the knowledge battery. They also appear to find safer sex practises problematic. They are uncomfortable about condoms; find planning for safer sex difficult; and feel very awkward about asking a new partner about their sexual history.* However it is encouraging to find that the *Heedless* know that they are not as careful as they could be, and would like to be more responsible. They may find safer sex practises harder to deal with and implement, but they are not more distanced from the problem than the other segments.

The *Careful* are more likely to mention doctors, AIDS hotlines and AIDS community groups as useful sources of information. Possibly, people who are more concerned about AIDS are more willing to make the effort to reach out to the appropriate organization.

1.6 COMMUNICATION NEEDS

Effectiveness of Current Advertising

When asked whether they felt current advertising was effective, 45% said that it was only somewhat effective/slightly effective or not at all effective. When these people were asked why current advertising was not effective, 58% gave reasons related to relevancy/realism or the idea that "it won't happen to me".

This finding corresponds to the attitudinal analysis: many people simply do not feel personally threatened by AIDS.

Summary of Adult Findings

Young single adults are sexually active, with half the respondents having had two or more sexual partners in the past year. Only a third of single adults use condoms regularly. People in a steady relationship are less likely to use condoms than are active daters with no steady relationship. Thus, relationship status affects safer sex practise.

Knowledge about AIDS does not affect condom usage. What does affect condom usage is how relevant the possibility of HIV infection is to them.

In general, people are concerned about AIDS as a social issue, but do not feel personally at risk. The minority who do feel threatened are more likely to practise safer sex.

Education and skills training remain important issues. Clearly, there is a minority requiring information about safer sex practise including the social skills needed for condom use (e.g., communication with partners). However, education is not a panacea, and the majority is more in need of messages concerning relevancy.

Tailoring Effective Communication

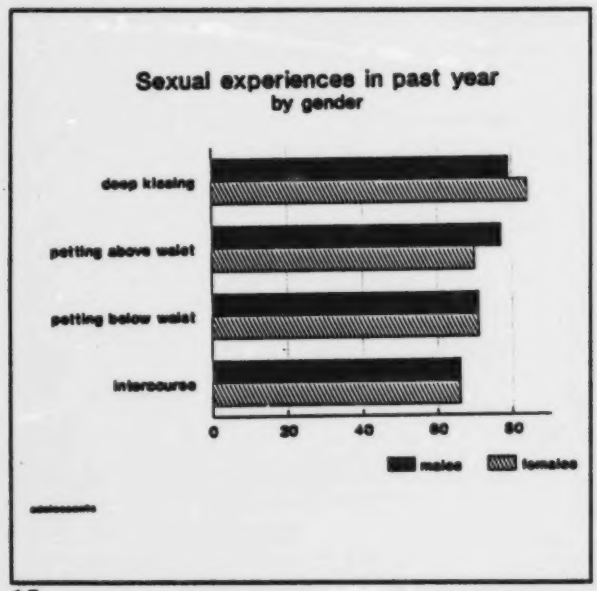
Young single adults need to know that HIV infection and AIDS is of relevance to them, that "it can happen to me". People are aware of AIDS as a social issue and reasonably knowledgeable about transmission and prevention. The main barrier seems to be a low perception of personal risk. AIDS is currently seen as a problem much more likely to affect others.

Secondly, there is a need to continue promoting responsible sexual behaviour. This should encourage and reinforce safer sex practises amongst the majority. Particular attention should be paid to the minority who finds safer sex hardest to implement. This group requires skills training and education about condoms, communication with partners, and planning ahead for safer sex.

2. THE ADOLESCENT GROUP (15-17)

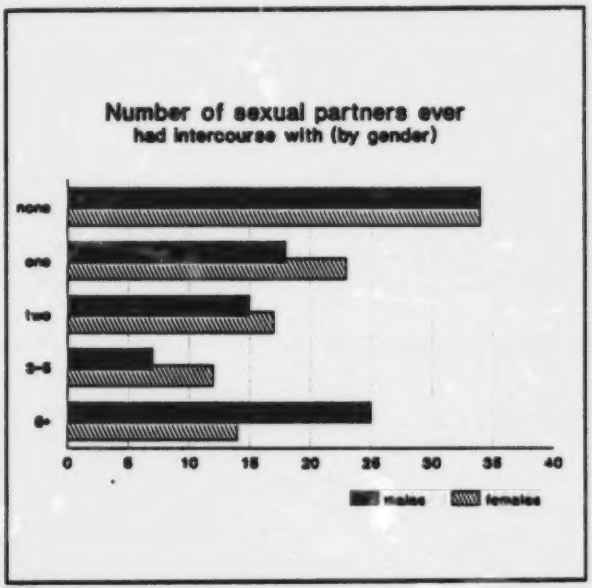
2.1 SEXUAL BEHAVIOUR AND SAFER SEX

Adolescents 15-17 years of age were given a list of sexual experiences and asked which they had done in the past year (Figure 15). Two thirds (66%) of males and females had had sexual intercourse in the past year. Of those not having sexual intercourse most had had sexual experiences and half had experienced petting below the waist. Thus, most adolescents are sexually active.



15.

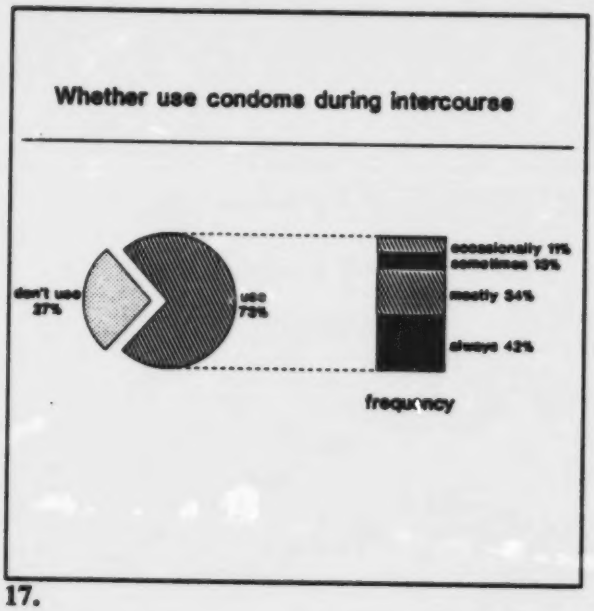
As with the adult group, males (3.9) claimed to have had more partners on average than did females (2.3). Again, we feel that this discrepancy is probably due to a combination of exaggeration by males and under-reporting by females. This problem not withstanding, nearly half of both males (47%) and females (43%) reported ever having two or more sexual partners of the opposite sex.



16.

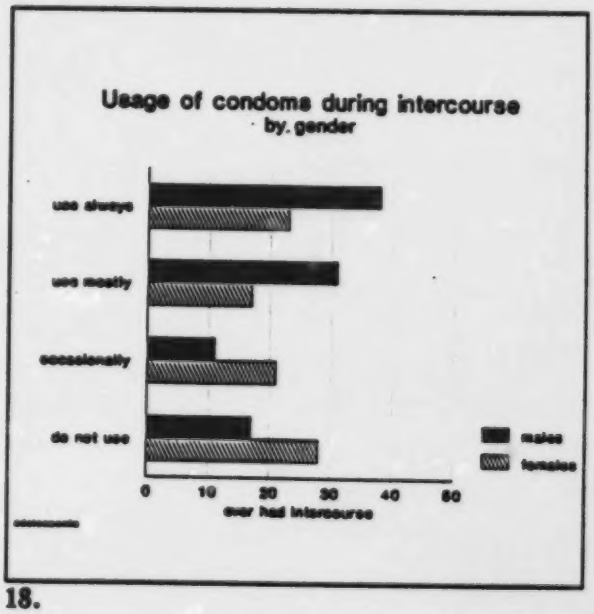
Condom Usage

Two thirds of adolescents report being sexually active. Given this finding, it is important to determine levels of condom usage. Figure 17 shows the responses to the question "during sexual intercourse, do you (does your partner) use a condom?" Twenty-seven percent of sexually active adolescents do not use condoms. Among those who use condoms only 42% report always using them.



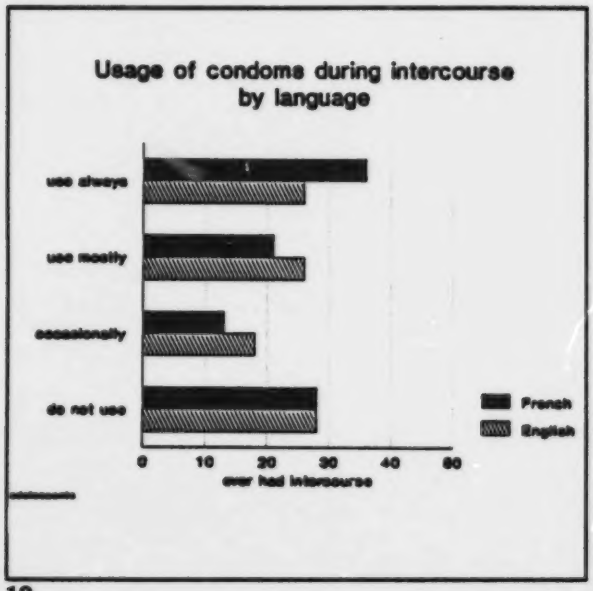
17.

Figure 18 shows that females were less likely to claim that condoms were used than were males. Less than half (40%) of females claimed they used condoms regularly (always/mostly) versus two thirds (69%) of males. We believe this discrepancy indicates that some males who do not use condoms are saying that they do, or exaggerating the extent to which they are used. It is quite common in research to find over-claiming in the direction of "socially correct" answers. During the in-depth interviews, males often initially said they regularly used condoms and then rescinded upon further questioning. On the other hand, it is difficult to see why the females would want to underreport the extent of condom usage. The condom usage rates reported by adolescent females (40% regularly use condoms) are in keeping with those reported (37% regularly use condoms) in the Young Adults sample (see previous section).



18.

A comparison was made between French Canadians living in Quebec and English Canadians living outside of Quebec in terms of condom usage. Francophones were slightly more likely to use condoms regularly than were Anglophones as shown in Figure 19.



19.

This seems to reflect a generally more positive attitude towards condoms, and an increased concern about STDs (although not necessarily about AIDS), among Francophones.

Reasons for Using or Not Using Condoms

Adolescents who use condoms do so for birth control reasons as much as for STD protection. When we asked teens to tell us why they use condoms, 41% referred to birth control, and 36% to STD protection, generally. Only 9% mentioned AIDS specifically. Females referred to birth control reasons significantly more often than did the males.

	Total always use	Respondents who always/mostly use condoms	
	Condoms %	Males %	Females %
Reasons use condoms			
Birth control reasons	46	33	55
Protection from STDs	49	34	40
To be safer/secure	8	8	13
When convenient/at home	3	8	6
When planned	1	6	2
No answer	16	18	6

Adolescents who did not use condoms regularly were asked why. Birth control concerns were highlighted. The table below suggests that one fifth (22%) used other forms of birth control. One quarter (27%), mainly women, say they do not use condoms in a *steady* relationship. Those people may or may not have been using other forms of birth control.

One fifth (22%) also mentioned situation-related reasons, such as running out of condoms or when drinking. This suggests a lack of planning or weak sense of responsibility. Parents of adolescents strongly feel this issue is critical, (see Parents section), suggesting that adolescents have weak planning skills and tend to think themselves invincible.

	Respondents who occasionally or never use condoms		
	Total %	Males %	Females %
Reasons don't use condoms			
Steady partner-related reasons	27	16	32
Use other birth control	22	19	24
Situation-related reasons	22	27	19
Comfort-enjoyment-related reasons	9	8	9
Partner dislikes it	6	5	6
Just take a chance	3	3	-
No answer	8	8	8

These results suggest that for teenagers, condoms are not chiefly a way to practise safer sex, and certainly not specific to AIDS prevention. It also implies that adolescents may stop using condoms in deference to another form of birth control, or simply because they feel they are in a steady relationship.

Reasons For Not Having Sexual Intercourse

Respondents claiming not to have had sexual intercourse were asked why not. One third (36%) said they were not ready yet, and another third (30%) claimed to be waiting for love or the right person. Only a few (5%) said that they had not had sexual intercourse because of AIDS and other STDs.

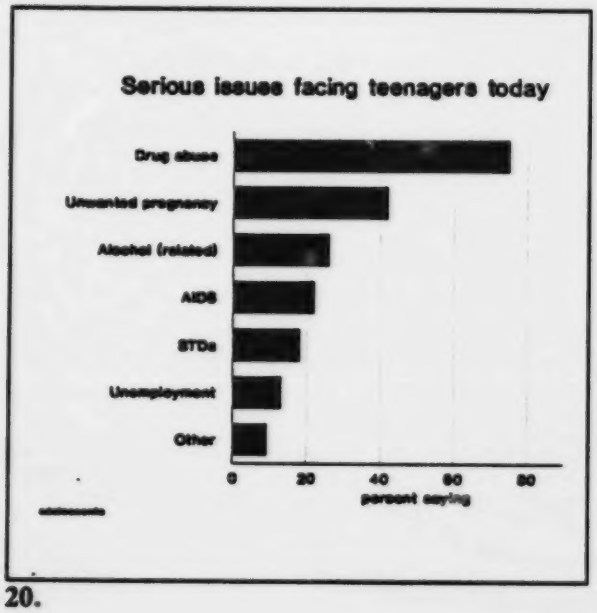
Females were more likely than males to claim they had not had sexual intercourse because they were not ready or were looking for the right person. Males, in general, avoided answering this question (43% of all males who had not had sexual intercourse in the past year did not give any reason). Possibly, waiting to have sex is more of a conscious choice for young females, while it is the result of lack of opportunity among young males.

	Males %	Females %
Reasons for not having sexual intercourse		
Not prepared/not ready	24	49
No love/right person/no partner	27	34
Because of STDs/AIDS	3	7
Risk of pregnancy	3	9
No answer	43	13

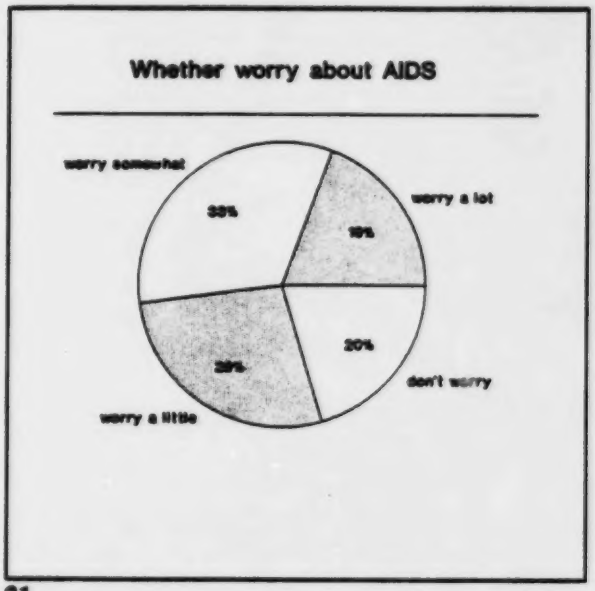
2.2 IMPORTANCE AND RELEVANCE OF AIDS

Adolescents were given a list of issues and were asked which one or two were the most serious facing teenagers today. AIDS was ranked well below drug abuse, teen pregnancy, and alcohol-related problems as shown in the figure below.

It is not that teens do not worry about AIDS. When asked directly if they worry about AIDS, three quarters (78%) said they worry at least a little, and half (51%) said they worry somewhat or a lot, as shown in the pie chart.



20.



21.

The picture that emerges is that teenagers are concerned about AIDS, but it is only one of the many concerns that they have, and it is not a priority concern.

Consistent with this, most teens feel good about their sex life (79%) and feel they are careful about the risk of AIDS (64%). They do not agree however, that only gays and drug users are at high risk (only 29% agreed with this statement).

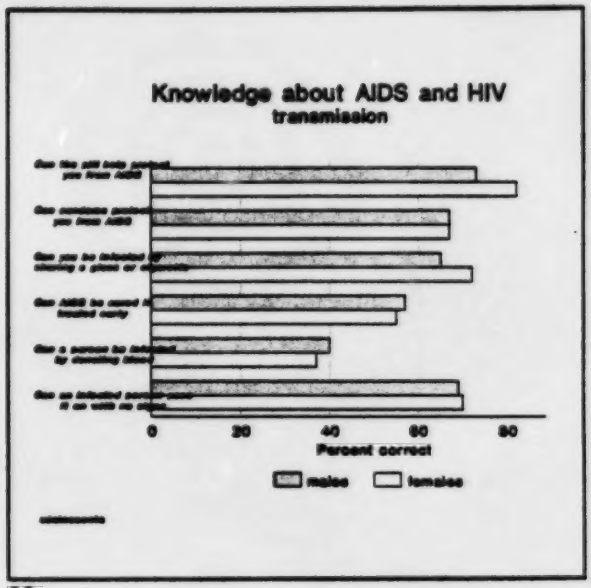
	Total agreeing with statements %
Statements concerning the relevance of AIDS	
I feel good about my sex life	79
The actual chance of getting AIDS is low	57
I am careful about the risk of AIDS	64
AIDS is more likely to affect others	31
Only gays and drug users are at a high risk of getting AIDS	24

Finally, when asked to rate themselves on a scale of sexual responsibility, over half of males (58%) and females (55%) considered themselves to be extremely/very sexually responsible. On average, males and females gave themselves a score of almost five (4.5) out of a possible six for being sexually responsible.

2.3 KNOWLEDGE ABOUT AIDS

Adolescents showed a reasonably good level of knowledge of how AIDS can be transmitted and how it can be prevented (see Figure 22). Three quarters (78%) knew that the pill cannot protect you from AIDS, and two thirds (67%) knew that condoms can help protect you from AIDS.

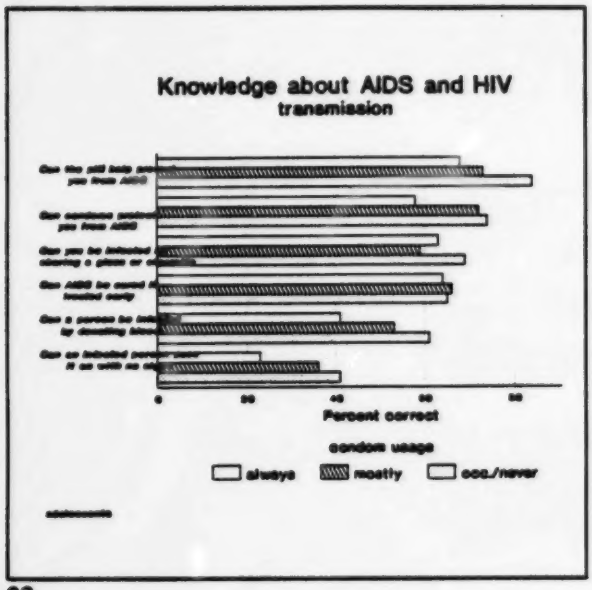
Only about half (56%) knew that AIDS was not curable, and about two thirds (62%) thought you could get AIDS by donating blood. Teens were quite confident about how much they knew, with just over two thirds (68%) agreeing with the statement "I know quite a lot about AIDS". This is significantly higher than the young adult group where only 50% agreed with the statement.



22.

Knowledge about AIDS by Condom Usage

Figure 23 shows condom non-users to have a higher level of actual knowledge about AIDS than respondents who regularly use condoms. On the key measure whether condoms help protect you from AIDS there was no difference between the two groups with two thirds (65%) answering correctly.



23.

If adolescents used condoms for AIDS prevention this would be a surprising result. However, adolescents do not cite AIDS as a principle reason for condom usage, but rather, cite birth control reasons, STD prevention, and "safety". There is nothing to suggest that knowledge about AIDS issues is sufficient in itself to affect adolescents' condom usage. Additional factors of motivation and perceived relevancy may act as intervening variables in the relationship between knowledge of AIDS issues and condom usage.

2.4 ATTITUDES TOWARD SAFER SEX

When adolescents were asked to describe what safer sex meant to them, the majority referred to condom usage. Significant minorities referred to sexual responsibility generally (33%) and birth control (27%). The idea of choosing partners carefully was not mentioned often (by only 14% of respondents). Very few of the teens mentioned abstinence (7%) in contrast to the parents studied. This will be discussed in greater detail in the parent's section.

	Males %	Females %
Meaning of Safer Sex		
Reference to protection	57	66
Reference to sexual responsibility	27	39
Reference to birth control	19	35
Reference to partner selection	13	15
One partner/not sleeping with many partners	10	10
Abstinence/abstinence or condoms	6	8

The importance of birth control needs to be highlighted, particularly for the females; 35% of female teens felt birth control to be an intrinsic part of safer sex. For adults "safer sex" is a term made popular with the advent of AIDS. In contrast, this 15-17-year-old group has quite literally "grown up" with AIDS, with messages about responsible sex containing both birth control and AIDS prevention components. In this light it is not surprising that teens, especially the girls, should tend to enmesh concerns of birth control with safer sex.

Unlike the young adults surveyed, teens did not often refer to partner selection as a safer sex issue. Being careful about partners may not be an important means of discrimination to teens. Many feel they know potential partners' histories because they know who they went out with previously (when given this statement 68% agreed).

Safer Sex - Agreement in Principle

On the battery of questions we asked adolescents about condom usage the results were mixed. In general, adolescents agree with the principles of safer sex, as shown below.

	Total %
Condoms ought to be just a regular part of lovemaking	70
Planning ahead for safer sex makes sense	76
It is within my control to prevent myself from getting AIDS	80
I would like to know how to talk about and initiate safer sex with a new partner	73

While teens expressed an interest in safer sex and agree with it in principle, they indicate several barriers to practising it. Males in particular express negative attitudes towards condoms as shown in the table below.

	Males %	Females %
Statements about condom usage		
It is hard to suggest using a condom when you first have sex with a new partner	59	39
I feel uncomfortable talking about, seeing or buying condoms	55	40
I feel it is difficult to be natural while practising safer sex	54	40
Many teenagers think that it is not cool to use condoms	51	39
Providing a condom is more naturally a man's responsibility	59	40
Base: Total sample	(200)	(201)

In terms of using a condom with a new partner, both males and females express difficulty. Almost all of the respondents (86%) agree that it is much easier to talk to a boyfriend/girlfriend about sex issues once you have known them for sometime. Respondents were asked if they experienced problems using condoms with a new partner. Sixty percent stated they had experienced problems using condoms. It is important to note that the difficulties experienced did not differ substantially between males and females - both stressed awkwardness, loss of feeling, embarrassments involved, etc.

	Males %	Females %
Do not have any problems using condoms	***36***	***44***
Have experienced problems using condoms	***64***	***56***
Loss of sexual feelings	18	18
Loss of sexual freedom	12	8
Condoms may break during intercourse	14	17
Awkwardness of using a condom in the heat of the moment	17	22
The difficulty of buying or getting condoms	17	12
Embarrassment of asking a partner to use a condoms	17	17
Difficulty of using and putting on a condom	5	6
Base: All having sexual intercourse	(133)	(133)

Planning Ahead

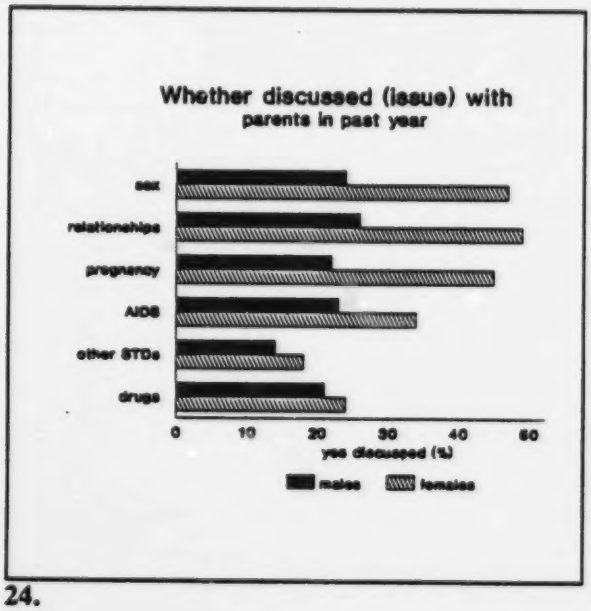
Respondents agreed with the idea of planning ahead for safer sex (76% agreed). Few (15%) of the adolescents reported actually planning ahead however, as shown below

	Total respondents %
When go out with a new date	
Decide in advance whether to have sex with the person	15
Wait to see how the date goes before deciding whether to have sex or not	62
Decide in advance but sometimes change your mind when the time comes	19
No answer	3

The tendency is for teens to agree to the principle of safer sex — using condoms, planning ahead, discussing safer sex with a partner - but to express difficulties with the practical aspects — awkwardness of using condoms, especially for males, and finding it easier to discuss safer sex after they have known a partner for some time. Thus, a large gap emerges between intentions and behaviour, with teens often failing to make the effort to be careful.

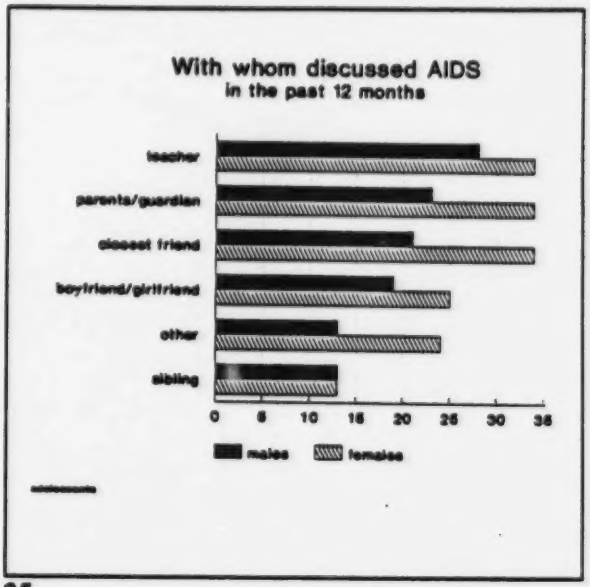
2.5 COMMUNICATION WITH PARENTS

Most adolescents in the survey had not talked to their parents about AIDS within the past year. When given a list of issues and asked if they had discussed any of them in turn within the past year, only 28% said they had discussed AIDS with their parents (see Figure 24). More females (34%) had discussed AIDS than males (23%). Females reported discussing general sexual issues and pregnancy significantly more than AIDS (47% had discussed these on average). Only about one quarter of the males had discussed *any* given issue related to sexuality with their parents.



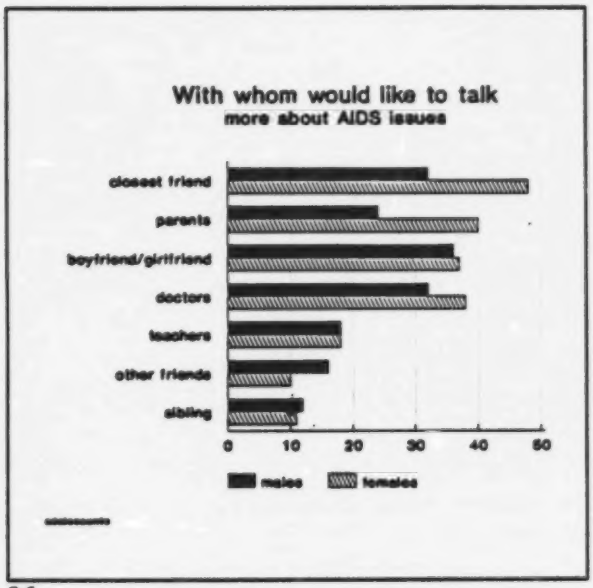
24.

Adolescents were not more likely to have talked about AIDS with a teacher or peer. One third (31%) had talked to their teacher, one quarter (27%) to their closest friend, and one fifth (22%) to their boyfriend/girlfriend. Females more than males tend to discuss AIDS with others (see figure 25).



25.

Respondents were asked with whom they would like to talk more about AIDS. Interest in talking about the subject with parents was moderate (32%) but within the same range as interest in talking to friends or doctors, and significantly higher than interest in talking to teachers. Females (40%) expressed more interest in talking to their parents than did males (24%) (see table below).



26.

Furthermore, when given a list of topics and asked which they would like to discuss with their parents, just under half (45%) were interested in talking more about AIDS and other STDs with their parents. Fewer (36%) were interested in discussing condom usage.

	Males %	Females %
Topics interested in discussing more with parents		
Being careful about who I go out with	48	55
Being careful about getting (someone) pregnant	46	49
Protecting myself against STDs, including AIDS	43	47
Talking about what I learn in sex education classes at school	41	46
Talking openly and frankly about all kinds of sex matters	34	50
Using condoms	35	37

In sum, adolescents paint a dismal picture of communication with parents about matters relating to sexuality in general and AIDS in particular. This is particularly true for the male adolescents. The positive side is that adolescents themselves express an interest in talking about sexual matters more than currently is the case.

2.6 COMMUNICATION NEEDS

Summary of Adolescent Findings

We do not know to what extent HIV will enter the Canadian population, making risk assessment difficult. However, the 15-17 year old group is sexually active, with two thirds having sexual intercourse in the past year, and the results indicate that fewer than half regularly use condoms. The results also indicate that teens do not use condoms because of AIDS in particular. They use them for birth control and STD protection in general. This may make them vulnerable if they start using another form of birth control.

Teenagers accept that they are not immune to the risk of AIDS. They do worry a little about it. But as a priority it is low on their list. They are far more concerned with other issues such as drugs, pregnancy, alcohol, and their sexuality in general.

There is a large gap between adolescents' reported intentions and their behaviour. Many do not make the efforts to "be careful". They agree with safer sex in principle but not in practise.

Most teens, particularly male teenagers, are not discussing AIDS (or even sexuality in general) with their parents. This is discussed more in the Parent section.

Tailoring Effective Communication

On average, adolescents know less, and think they know more, than the young adults studied. There is a need to continue educational efforts about transmission and prevention. One particular area which deserves attention is the connection between birth control and STD/AIDS prevention. Adolescents show some confusion about the pill protecting them from AIDS.

As with young single adults, adolescents need to feel that AIDS prevention is important and relevant to them, that "it can happen to me". Even more than young adults, teenagers report feeling the pressure of many concerns in their lives. AIDS is only one of these, and is overshadowed by other priorities. In designing safer sex messages, attention should be paid to promoting responsible sexual behaviour generally, of which AIDS prevention is a natural, everyday part. We would counsel against a single-issue approach which could leave teenagers with the impression that there are too many problems out there. Responsible sexual behaviour, *including AIDS prevention*, has to be made the norm.

The gap between intentions and behaviour may be endemic to adolescence. But surely this is a matter of degree, and the objective is to move the greatest number to the side of being more, rather than less, careful. Teenagers are clearly sexually active, and need safer sex messages which support their "smart choices" in realistic, empathetic ways. Messages about abstinence would not be listened to, and might well damage communication efforts. Similarly, romantic approaches fail to address the issue of one-night stands (which are a significant proportion of teen sexual activity). A realistic approach should position the teen as a decision-maker and recognise the number of concerns that she or he faces.

3. THE PARENT GROUP

3.1 IMPORTANCE OF AIDS TO TEENAGERS

When parents were asked to state what they felt the most important issues or problems affecting teenagers were, only 4% mentioned AIDS. When given a list of issues (including AIDS) and asked which were the one or two most serious for teenagers, one fifth (21%) selected AIDS, well below mentions of drug abuse (70%), education (34%), and alcohol abuse (29%). As a relative concern, parents list AIDS in about the same place as do adolescents, as shown below.

	Most important issues according to	
	Adolescents	Parents
	%	%
Problems for teenagers		
Drugs (abuse)	61	44
Social interaction/peer influence	25	32
Education (dropping out of school)	11	19
Alcohol (abuse)	32	14
Sexuality	19	13
Social-emotional	-	18
Exercise/nutrition	-	-
AIDS	12	4
STDs	18	2
Pregnancy	16	2
Base: Total sample	(401)	(405)

Both parents and adolescents clearly minimize the importance of AIDS relative to other issues.

3.2 CONCERN ABOUT CHILD GETTING AIDS

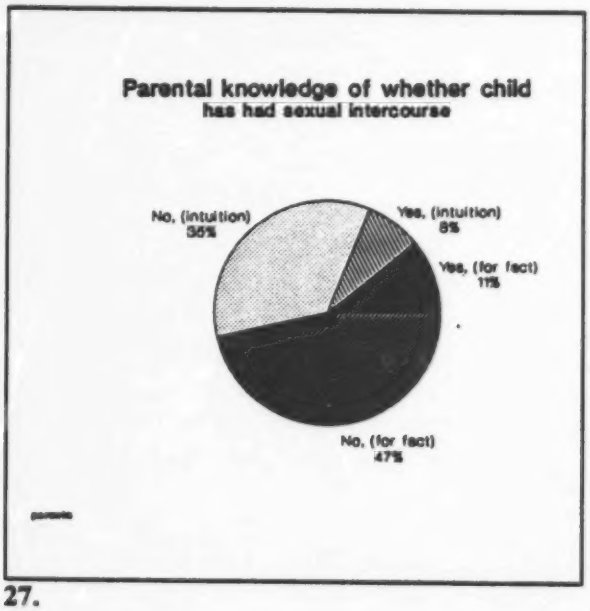
When discussed as a separate issue, nearly three quarters (71%) of parents express some concern about their child getting AIDS. Parents say they are worried despite their general assessment that their children are quite knowledgeable about AIDS. Only one in five parents believes that their child does not know enough about AIDS. In fact, adolescents were less inclined to say they know enough about AIDS. This suggests that parents may over-estimate their children's knowledge.

	Parents	Adolescents
	%	%
Child's knowledge of AIDS		
Knows quite a lot about AIDS but would likely benefit from more information	62	48
Knows quite a lot about AIDS and does *not* need any more information	19	20
Probably does not know enough and would benefit from more information	17	26
Probably does not know enough and would likely *not* benefit from more information	2	5
Base: Total sample	(405)	(401)

3.3 KNOWLEDGE OF SEXUAL BEHAVIOUR

Parents suggest that one in five (19%) of their 13-17 year old children has had sexual intercourse. They are probably *under-estimating* their teenager's sexual activity. Two thirds of the adolescent sample (aged 15-17 years) claimed to have had sexual intercourse. In the Canada Youth and AIDS Study, one quarter of Grade 9 and half of Grade 11 students claimed to have had sex.

Only one in two parents (58%) know for a fact whether or not their teenager has had sex.


Parental knowledge of whether child has had sexual intercourse
No, (intuition) 26%
Yes, (intuition) 6%
Yes, (for fact) 11%
No, (for fact) 47%

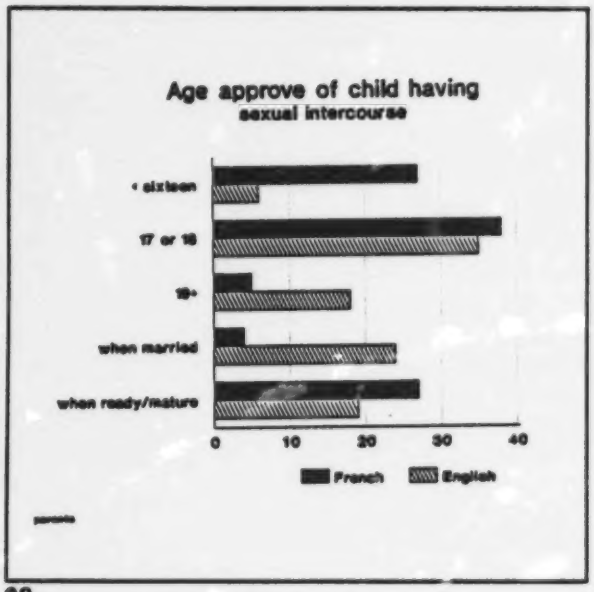
27.

Many parents seem to guess about their children's sexual experience. The table below shows parents' assessment of whether their child has had sexual intercourse. It would appear that parents' judgements are based on the dating style of the child.

	Parent opinion of teen's dating style		
	Long-term dater %	Casual dater %	Doesn't date %
Parents' Knowledge			
Yes, has had sexual intercourse	49	23	4
No, by intuition	26	41	30
No, by fact	25	36	66
Base:	(57)	(177)	(171)

We asked parents when, or at what age, they would approve of their child having sexual intercourse. While one in five parents would approve when their child is "ready/mature", the majority feel the child should be at least 17 or 18 years old. This suggests that parents are a little unrealistic regarding teenagers' sexual development.

French parents appear to have more realistic attitudes toward teenage sexual behaviour, in that their attitudes are more in keeping with the adolescents' reported behaviour.



28.

3.4 ADOLESCENTS' SAFER SEX BEHAVIOUR

The majority of parents interpret safer sex to mean protection and condom usage (56%) but also abstinence (31%), partner selection (24%) and psychological preparation (28%). As the comparison below shows, adolescents were as likely to mention condom usage, but *rarely mentioned abstinence*. Teens also associated birth control with safer sex more than did adults.

	Parents sample %	Adolescent sample %
Meaning of safer sex Referred to		
- protection	56	61
- abstinence	31	6
- partner selection	24	24
- psychological preparation	28	33
- birth control	11	27
- education/ information	7	-

Reasons for Not Practising Safer Sex

Just over one quarter of parents (28%) equate safer sex with attitudes or psychological preparation. When asked why they think teenagers do not practise safer sex, the majority suggested attitudinal reasons. The tendency is for parents to define safer sex as an activity, but to define the barriers in terms of attitudes.

Parents suggest teenagers don't plan ahead, think themselves invincible, suffer peer pressure, and in some instances (25%) are ill-informed. This suggests the need to address the attitudinal barriers, to establish and reinforce the relevancy of safer sex among adolescents. Teenagers may need education and skills training in dealing with safer sex practises, but parents strongly highlight their attitudes as requiring change.

	Total parents %
Reasons for not practising safer sex	
Reference to -	
invincible/only happens to others	46
shortsighted/don't plan	29
ill-informed	25
peer problems/pressure	10
young/not mature	7
shy to buy condoms	4

3.5 COMMUNICATION WITH CHILD

Most parents state they have talked to their teenagers about sex, AIDS and relationships (80%+). When we asked 15-17 year olds however, they were *much* less likely to agree. Only one quarter (28%) of adolescents claimed to have discussed AIDS with a parent:

	In past 12 months	
	Parents said they talked to child %	Adolescents said they discussed with parent %
Talked about ...		
Sex	87	36
AIDS	85	28
Relationships	83	38
Pregnancy	71	33
Other STDs	55	16

While it is possible that adolescents may have forgotten *some* discussions with parents, it is more likely that parents would *overstate* their practises. It is reasonable to conclude that parents would not want to appear irresponsible when asked these questions, while adolescents would have little or no reason to answer incorrectly. The implication is that parents are probably not talking with their children as much as would be desirable. Parents and adolescents may well have different definitions of what constitutes a "sex talk". Certainly, whether parents truly feel that they are discussing these issues or whether they are just giving the "socially correct" response, adolescents have a drastically different perception of how frequently they discuss sexual matters with their parents.

Difficulties in Communication with Child

When parents were asked if they experienced difficulties in talking to their teenage children about sex and sexual diseases, three quarters (77%) agreed. Emotional reasons, such as embarrassment and shyness were mentioned by 38% of the parents. General communication problems (*e.g.*, youth won't listen) (33%) and lacking knowledge about the issues (22%) were also highlighted. Parents feel that these problems can best be overcome with better communication between parents and teens, and with more STD information available.

Limited knowledge among some parents surely must contribute to a lack of confidence. This feeling may well lead to both embarrassment and their inability to be respected (or listened to) by their teenagers. This came up repeatedly in the group discussions:

"My children know more about AIDS than I do."
(English Mother)

"I have never really got a lot of knowledge about it. I have never taken the time to read articles about the subject."
(French Mother)

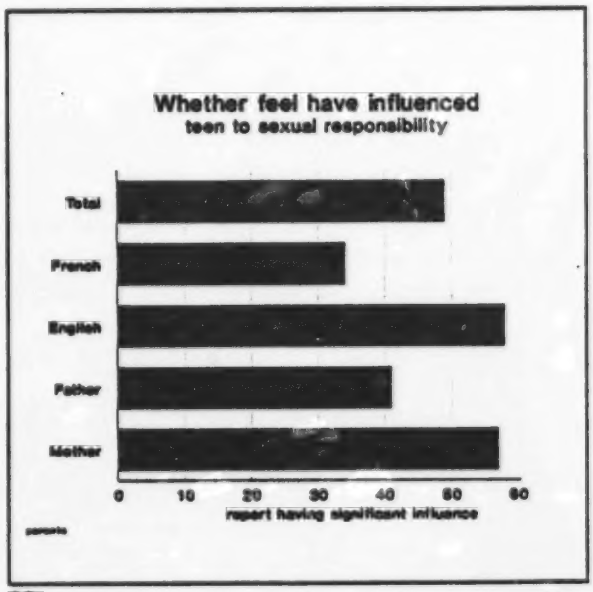
"The kids get information all over the place, they already know it by now, by age 14 or 15. There is nothing you can tell them anymore."
(English Father)

Influence Over Child

About half (49%) of parents feel they have had a significant influence in making their teenagers more sexually responsible. Most others feel their influence has been moderate.

This influence is seen to come from (regular) discussions about pregnancy, AIDS and other STDs, condom use and dating.

Of note, English-speaking parents, and mothers, are more likely to feel that they have had "significant" influence. They report using essentially the same methods; we presume they just do more of it.



29.

In the group discussions parents were asked how, if at all, they should be involved in teaching their children about AIDS. They identified two roles. The first is promoting responsible attitudes toward sexual relationships and STDs. While the schools can teach them about how AIDS is transmitted and prevented, they do not instill moral values. Parents see it as their job to teach their children right from wrong.

"The word love does not mean a sexual relationship for me. You have to start by making the kids see the difference."

(French Father)

"My daughter showed me what she learned at school. It is very superficial. Concerning AIDS and other sexual issues, the more you talk to them, the more values they get. Even though they may call them the values of mother and father, they still know of them."

(French Mother)

"Safer sex is not just sex for AIDS sake or diseases, it's also a question of morality."

(English Father)

"You can only do so much, tell them so much, it's all headwork for them. They have to know what's right and wrong."

(English Mother)

The second role that parents identified for themselves is re-informing and reminding children about what they have learned elsewhere. This involves doing the following things:

- Looking for opportunities to start a discussion on AIDS or issues of sexuality. This can be because of something learned in school or a T.V. program - a casual/unforced moment. As parents they have learned that unless the child wishes to talk about something (especially if it is serious) it quickly becomes an opportunity for the parents to lecture and the child to tune out.

- Supporting the school system, when it tries to design programs to deal with the issues of sex and STDs.

3.6 INFORMATION AND RESOURCES

Mass media have provided the majority of parents with information about AIDS. Television shows and advertising, print articles, and to a lesser extent radio, are currently the main information sources. Television and print are deemed to be the most useful resources.

Sources such as friends and family, schools, work and doctors also provide information to a large number of parents. AIDS hotlines and AIDS community groups are used by up to one in six parents.

About three in five (62%) parents feel they could use more information. Among these people many would be interested in brochures or pamphlets. Specific information needs include:

- teenager relationships
- medical/research status, updates
- safer sex/prevention

Information sources	Sources used %	One or two most useful %
Newspaper or magazine articles	92	37
Television shows/ documentaries	88	63
Television advertising	85	12
Radio messages or stories	64	6
Schools	43	12
Friends	41	-
Family	36	-
Work	35	1
Doctors	31	16
AIDS hotlines	18	4
Churches	17	3
Videos for a VCR	13	8
AIDS community groups	10	4

3.7 PARENTING AND AIDS

General Opinions

There is clearly a large degree of variance among parents in opinions about their role in teen AIDS prevention. Parents are as likely to agree as disagree that they have some control or influence with their child concerning sexual activity.

It is generally agreed, however, that parents (both mother and father) should play a role in protecting their children from STDs. Also, parents feel they know more about AIDS than their child, but often feel in the dark about their child's sexual activities.

	Agree strongly/somewhat		
	Respondents by language spoken		
	Total	French	English
Agree/disagree statements	%	%	%
You think it is necessary for parents to constantly remind their children about Sexually Transmitted Diseases	67	75	63
You find it hard to know if your teenager has had sex or when he or she will	54	54	54
Your teenager's sexual activity is beyond your direct control	51	41	57
You feel that your teenager is less likely to get AIDS than other teenagers	48	33	57
Schools are far better at educating and informing teenagers about sexual issues than you are	48	45	50
A mother is more suited to talk to a child about safer sex than a father	38	50	30
You do not think your teenage child will have sex until after 18 years	36	28	40
My teenager knows more about AIDS than I do	34	33	35
You feel like you are lecturing your children when you talk about sex or safer sex	27	32	23
There is not much of an influential role for parents to play in protecting their teenage child from Sexually Transmitted Diseases	25	37	18
There is no role for a father to play in educating his children about safer sex	4	4	3

There are differences between English and French parents in terms of their general opinions. In keeping with English parents' more conservative views about teenage sexuality and preference for abstinence until the late teens, these parents also are more likely to feel that their teenager will wait until age 18 to become sexually active. As a result, their risk of contracting AIDS is thought to be less than for other teenagers.

In a somewhat contradictory fashion, English parents are more likely than French parents to think their teenager's sexual activity is beyond their control. English parents' greater propensity to see their teenager as safe from AIDS would seem to contain at least a bit of wishful thinking on their part.

French parents offer a more realistic view of teenage sexual activity and feel that constant reminders about STDs are necessary. They appear more likely to assign this role to the mother.

3.8 AIDS EDUCATION SHOULD BEGIN IN SCHOOLS

Two thirds (64%) of parents agree sex education in schools should begin by age 10. Virtually all parents (88%) agree sex education could begin by age 12.

Three in five (61%) parents agree AIDS education should begin by age 11. Virtually all parents (86%) agree AIDS education should begin by age 12.

This data suggest that programs of general sex education begun at ten or eleven, followed by more explicit programs including AIDS education at eleven or twelve (and certainly before puberty) would be found acceptable by most parents. It is noteworthy that less than 5% of the parents felt that the schools should never teach about sexuality or AIDS.

	Sex education %	AIDS education %
Age of child		
4 years old or younger	*	1
5 years old or older	7	4
6 years old or older	19	11
7 years old or older	25	15
8 years old or older	33	21
9 years old or older	39	26
10 years old or older	64	49
11 years old or older	73	61
12 years old or older	88	86
13 years old or older	92	92
14 years old or older	95	96
Never	3	2
Don't Know	2	2

3.9 COMMUNICATION NEEDS

Summary of Parent Findings

Parents want to protect their children and help them to be sexually responsible. The findings demonstrate an opportunity to promote safer sex to adolescents via their parents; parents indicate a desire to do so, and more importantly adolescents indicate a desire to discuss AIDS prevention with their parents. The current levels of discussion are quite low.

Parents seem to drastically over-estimate the extent they talk to their children about sexuality in general and AIDS in particular. While most parents say they talk about sexual issues, only one third of teenagers agree.

The discrepancy between parents' desire to help their children and the low levels of discussion reported by adolescents can be attributed to a variety of misconceptions and barriers on the part of parents. Firstly, parents consider AIDS as less of a concern than many other adolescent issues. Parents generally under-estimate the sexual development and sexual activity of their children. They over-estimate their teenagers' knowledge of AIDS issues.

Parents feel they have a role to play in teaching their children about AIDS. They emphasize promoting responsible attitudes toward sexual relationships and STDs (*i.e.*, a moral attitude) and re-informing and reminding children about what they have learned elsewhere. As one mother put it, *"If she can remind her daughter about her curfew, surely she can remind her to 'be careful'".*

Parents clearly see the role they identify for themselves as a difficult one to perform. Most find it difficult to talk about AIDS to teens. Many feel they lack the facts, and many feel they lack experience in talking about such matters.

Tailoring Effective Communication

Materials directed at parents can emphasize the relative importance of AIDS as an adolescent concern. It should address the common misconceptions that parents have about teen sexuality/knowledge. Parents need reassurance and encouragement to communicate about AIDS prevention. Teenagers *do* want to talk about AIDS. Parents *do* make a difference.

Parents identify three specific areas where they require information: teenager relationships, safer sex/preventions, medical research status/updates.

This information would certainly address some of the barriers we have identified. Messages targeted specifically at parents should remind parents that they play an important role in protecting their children against STDs, including AIDS. French and English messages should reflect the differences in the perspectives covered in this section.

Acknowledgements

The Health Promotion Directorate would like to thank the following individuals and organizations for their assistance with this research project:

Richard Beazley	Dalhousie University Adolescent/Parent/Young Adult Consultant
Dr. Norbert Gilmore	McGill University AIDS Consultant
Dr. Arlette Lefebvre	Dept. of Psychiatry Hospital for Sick Children Adolescent Consultant
Dr. John Orlando	University of Waterloo Adolescent/Parent Consultant
John Turvey	Downtown Eastside Project Disadvantaged Youth Consultant

The Canadian AIDS Society

The Federal Center for AIDS